Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 2900-0770)

TITLE OF INFORMATION COLLECTION:

Assessing VHA patient and provider perceptions of Point of Care (POCr) Focus Groups

Principal Investigator: Charlene Weir,

PURPOSE: VHA is planning implementation of a program, Point of Care research (POC-R) which involves randomization for equivalent options during clinical care in VHA to compare effectiveness of treatments. VHA Clinical Services Research and Development (CSR&D) has requested a series of focus groups and interviews to assess potential benefits, barriers, appropriate use criteria and strategies for overcoming barriers in implementation of the POCr program. The results of these focus groups will be used internally for POCr program implementation purposes.

DESCRIPTION OF RESPONDENTS: Data collection will consist of focus groups at up to 12 sites across VHA. At each site, two separate focus groups of 7-9 participants will be conducted , one group of providers (licensed independent providers: ordering providers, physicians, nurses, and mid-levels) and one group of patients.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[X] Focus Group
[ ] Customer Satisfaction Survey
[ ] Small Discussion Group
[ ] Other:_____

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Charlene R. Weir, PhD, Salt Lake City VA Charlene R. Weir, Phd

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

Gifts or Payments:
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [X] Yes [ ] No

Patients will be provided reimbursement for their time and effort in the amount of $25.

BURDEN HOURS

Category of Respondent: Individuals & Households	**No. of respondents**	X **No. of responses**	X **No. of minutes**		**Number of Hours**
Patient Focus Groups	**108**	**1**	**120**	**÷ by 60 =**	**216**
Provider Focus Groups	**108**	**1**	**120**		**216**
Total Burden Hours					**432**

FEDERAL COST: The estimated annual cost to the Federal government is $5400 (based on $50 per hour provider time and $2,700.00 for monetary token)

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
   [ ] Yes [X] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Participants. We expect to conduct two to three focus groups at each site. One to two of these focus groups will be of providers, staff and/or administrators. A sample size of seven to nine is recommended for each focus group and the composition will be deliberately constructed to maximize diversity.[23] Providers will be recruited by presentations at staff meetings (internal medicine, residents, surgery and psychiatry). If applicable, we may elect to pass out flyers at local education meetings and Grand Rounds. We expect to have one provider and one staff/administrator focus group or, if only one is conducted, one focus group with both providers, staff and/or administrators as participants. These activities will be organized by the local site liaison that will also make room arrangements. We have recruited at multiple sites in prior studies and these methods proved more than adequate. The key principle will be to ensure diversity across clinical specialties.

The patient focus group will consist of nine patients. After receiving IRB approval, they will be recruited through flyers hung in the primary care, diabetic clinic, heart failure, mental health, geriatrics, and dermatology clinics. This list is only suggestive and we will be guided by the advice of the local liaison and the leadership triad at each setting. Maintaining diversity will be important for the patients as well. Not all those that are interested will be asked to participate. The local study team will do the recruiting, enrolling and consenting, as well as handle logistics. Patients will also be asked to sign a VA 10-3203 form allowing audio recording of the session.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
    [ ] Web-based or other forms of Social Media
    [ ] Telephone
    [X] In-person
    [ ] Mail
    [ ] Other, Explain
2. Will interviewers or facilitators be used? [X] Yes [ ] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.
No. of Respondents: Provide an estimate of the Number of respondents.
Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)
Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.